

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90025 034 ***158.75

DOCUMENT # P93000013978

1. Corporation Name

LIGHTNING TRADING & HOLDING, INC.

Principal Place of Business

200 BISCAYNE BLVD. WAY
SUITE #15-I
MIAMI FL 33131

Mailing Address

200 BISCAYNE BLVD. WAY
SUITE #15-I
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

4. FEI Number

65-0640881

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Same

22 Suite, Apt. #, etc.
as ABOVE

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Same

27 Suite, Apt. #, etc.
AS ABOVE

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FELIX M LASARTE, KEITH MACK LLP
200 BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Felix M. Lasarte / Keith Mack LLP
82 Street Address (P.O. Box Number is Not Acceptable)
200 BISCAYNE BLVD.
83 20TH FLOOR
84 City
MIAMI
85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 607.0508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
VALDERRAMA, JOHNNY O
200 BISCAYNE BLVD. WAY #15-I
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
REILLY, PHILIP
810 BARRY STREET
MIAMI FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVP
ORTIZ, FRANCES G
200 BISCAYNE BLVD. WAY #15-I
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY O. VALDERRAMA

DATE

Daytime Phone #

4-30-99 331-9995

CR2E034 (11/98)